

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045149

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317  
FILED NOV 16 1962

500

3263

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>ST Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>370 LEMAY</b>		c. CITY OR TOWN <b>LE MAY</b>	
Length of stay in 1b <b>YRS.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3709 WILL</b>		d. STREET ADDRESS (If outside, give location) <b>3709 WILL</b>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Beck</b> Last <b>Beck</b>		4. DATE OF DEATH Month <b>Nov</b> Day <b>4</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-20-1884</b>
9. AGE (last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED Pres.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BECK DRAYAGE</b>	
11. BIRTHPLACE (City and state or country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>George Beck</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kerner</b>	
14. NAME OF HUSBAND OR WIFE <b>BERTHA Beck</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	
16. INFORMANT <b>Eleanor Foshe</b>		Address <b>3230 OSCEOLA</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMATOSIS</b> DUE TO (b) <b>Adenocarcinoma of Pancreas</b> DUE TO (c) <b>?</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ARTERIO SCLEROSIS GENERALIZED</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>March 22, 1954</b> to <b>Nov 4, 1962</b> and last saw him alive on <b>Nov 3, 1962</b> Death occurred at <b>5 40 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John T. Vandover MD</b>		22b. ADDRESS <b>1504 So Grand Blvd</b>	
22c. DATE SIGNED <b>10/5/62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>Nov 8, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION Cem.</b>	
23d. LOCATION (City, town, or county) <b>ST. Louis Co Mo</b>		23e. DATE RECD. BY LOCAL REG. <b>NOV 7 1962</b>	
24. FEDERAL DIRECTOR <b>Thomas P. Davis 2906 Shavano</b>		25. REGISTRAR'S SIGNATURE <b>John B. Murphy MD</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

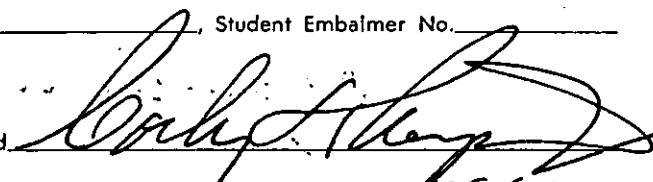
BY AFFIDAVIT OF

Dr. Peter Van Doren  
1504 S. Grand  
PR 6-1600  
1 to 6 9/10/11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4861

P. O. Address 1504 S. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Beck